

MAR 6 1984

CERTIFIED MAIL-- RETURN RECEIPT REQUESTED

Jeffrey Skuraton
Central Steel Drum Co.
704 Doremus Ave.
Newark, NJ 07105

Re: Part A Application

NJ011482577

Dear Mr. Skuraton:

We are in receipt of your Part A Application submitted to this office pursuant to Docket No. II RCRA-82-0112. This office has reviewed it and has found it to be grossly deficient. It is essential that you complete these forms in order to receive Interim Status. Therefore, your Part A Application is returned herewith.

Please refer to pages 1-4, 3-1, and 3-2 of the instructions and complete the circled items, including those items pertaining to your sludge-burning incinerator, whether it is inactive or not. A copy of your original notification and a list of hazardous wastes have been enclosed to assist you with Item IV.

Please submit your completed application within twenty days of your receipt of this letter. If you have any questions, please contact John Hajduk of my staff at (212) 264-9880.

Sincerely yours,

Richard A. Baker, Chief
Permits Administration Branch
Office of Policy and Management

Enclosure

2PM:PA:Hajduk:VG:2/17/84			CONCURRENCES			
SYMBOL	2PM:PA	2PM:PA	2PM:PA	ORC-WTS	ANS-SW	
SURNAME	Hajduk	Testa	Baker	Sawyer	Chang-Chen	
DATE	94 2/22/84	RE 2/22/84	1/6/84	WKS 3/2/84	J.C.C. 3/1/84	

MAR 6 1984

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Jeffrey Shanton
Central Steel Drum Co.
704 Doremas Ave.
Newark, NJ 07102

Re: Part A Application
MJD01148277
Dear Mr. Shanton:

We are in receipt of your Part A Application submitted to this office pursuant to Docket No. II RCRA-82-0112. This office has reviewed it and has found it to be grossly deficient. It is essential that you complete these forms in order to receive interim status. Therefore, your Part A Application is returned herewith.

Please refer to pages 1-4, 3-1, and 3-2 of the instructions and complete the circled items, including those items pertaining to your single-burning incinerator, whether it is inactive or not. A copy of your original notification and a list of hazardous wastes have been enclosed to assist you with Item IV.

Please submit your completed application within twenty days of your receipt of this letter. If you have any questions, please contact John Hajduk of my staff at (212) 264-9880.

Sincerely yours,

Richard A. Baker, Chief
Permits Administration Branch
Office of Policy and Management

Enclosure

CONCURRENCES

TOM:PA:Hajduk:RG:2/17/84

DATE	SURNAME	SYMBOL
2/20/84	Hajduk	TOM:PA
2/20/84	Testa	TOM:PA
2/20/84	Baker	TOM:PA
2/20/84	Sawyer	ERC-WIS
2/20/84	Chang-Chen	AMS-SM

OFFICIAL FILE COPY

EPA Form 1320-1 (12-79)

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> NJD011482577 </div>
GENERAL		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
PLEASE PLACE LABEL IN THIS SPACE			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	CENTRAL STEEL DRUM COMPANY INC
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 SKURATON JEFFREY OWNER	201 344 8500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3 704 DOREMUS AVENUE			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 NEWARK		NJ	07105

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 704 DOREMUS AVENUE			
B. COUNTY NAME			
ESSEX			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 NEWARK		NJ	07105
F. COUNTY CODE (if known)			

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND												
C	7									(specify)	NA	C	7								(specify)	NA
15	16	17	18	19								15	16	17	18	19						
C. THIRD										D. FOURTH												
C	7									(specify)	NA	C	7							(specify)	NA	
15	16	17	18	19								15	16	17	18	19						

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																			
C	8									CENTRAL STEEL DRUM COMPANY INC.										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16	17	18	19																66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)																			
										P (specify)																			
E. STREET OR P.O. BOX										D. PHONE (area code & no.)																			
704 DOREMUS AVENUE										201 344 8500																			
F. CITY OR TOWN										G. STATE										H. ZIP CODE									
NEWARK										NJ										07105									
IX. INDIAN LAND										Is the facility located on Indian lands?																			
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I								C	T	I							
9	N									9	P								
15	16	17	18	19						15	16	17	18	19					
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I							
9	U									9									
15	16	17	18	19						15	16	17	18	19					
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I							
9	R									9									
15	16	17	18	19						15	16	17	18	19					

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

RECONDITIONING OF STEEL DRUMS

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
X GG. GERALD GREENBERG										X Gerald Greenberg										12/16/83									

COMMENTS FOR OFFICIAL USE ONLY

C																			
15	16	17	18	19															

FORM 1 GENERAL	 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> NJD011482577 </div>
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p style="text-align: center; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> CENTRAL STEEL DRUM COMPANY INC </div>
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IV. FACILITY CONTACT	A. NAME & TITLE (last, first, & title) <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> SKURATON JEFFREY OWNER </div>	B. PHONE (area code & no.) <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> 201 344 8500 </div>
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V. FACILITY MAILING ADDRESS	A. STREET OR P.O. BOX <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> 704 DOREMUS </div>
	B. CITY OR TOWN <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> NEWARK </div>
	C. STATE <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> NJ </div>
	D. ZIP CODE <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> 07105 </div>

VI. FACILITY LOCATION	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> 704 DOREMUS AVENUE </div>
	B. COUNTY NAME <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> ESSEX </div>
	C. CITY OR TOWN <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> NEWARK </div>
	D. STATE <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> NJ </div>
	E. ZIP CODE <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> 07105 </div>
	F. COUNTY CODE (if known) <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> 01 </div>

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	(specify)								C	7	(specify)							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. THIRD										D. FOURTH									
C	7	(specify)								C	7	(specify)							
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VIII. OPERATOR INFORMATION

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NEWARK																																								NJ										07105										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I													C	T	I														
9	N														9	P															
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B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
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C	T	I													C	T	I	(specify)													
9	R														9																
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XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

RECONDITIONING OF STEEL DRUMS

XIII. CERTIFICATION (see instructions)

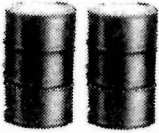
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE																				C. DATE SIGNED																			
Gerrard Greenhous Pres																				Gerald Greenhous																				12/16/84																			

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																																																											
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15	16																																																										

- NEW JERSEY (201) 344-8500
- NEW YORK (212) 267-3248

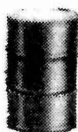


CENTRAL STEEL DRUM COMPANY

704 DOREMUS AVENUE
NEWARK, NEW JERSEY 07105

The sludge burner is not currently operational and has not been since the Texaco explosion on January 7, 1983.

The original estimates for burning capacity is 600 pounds per hour of barrel waste. We did not keep records on actual capacity and future use capacity can only be determined if and when we reactivate the burner.



RECONDITIONED AND RELINED DRUMS OF QUALITY



Page 1 of 1
Date: 11/11/2011

The above is not a complete description of the
the above is not a complete description of the

The above is not a complete description of the
the above is not a complete description of the
the above is not a complete description of the

OPERATOR'S MANUAL IDENTIFICATION SHEET

CUSTOMER Central Steel Drum
ADDRESS 704 Doremus Avenue
Newark, NJ
DEALER McNeil Construction Company
ADDRESS 17 Herbert Place
Newark, NJ 07104
PHONE NO. (201) 482-3814

EQUIPMENT	MODEL NO.	SERIAL NO.
<u>Incinerator</u>	<u>C-225</u>	<u>4086</u>
<u>Loader</u>	<u>ML-250AD Special</u>	<u>4086</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
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DATE OF STARTUP 3-13-79

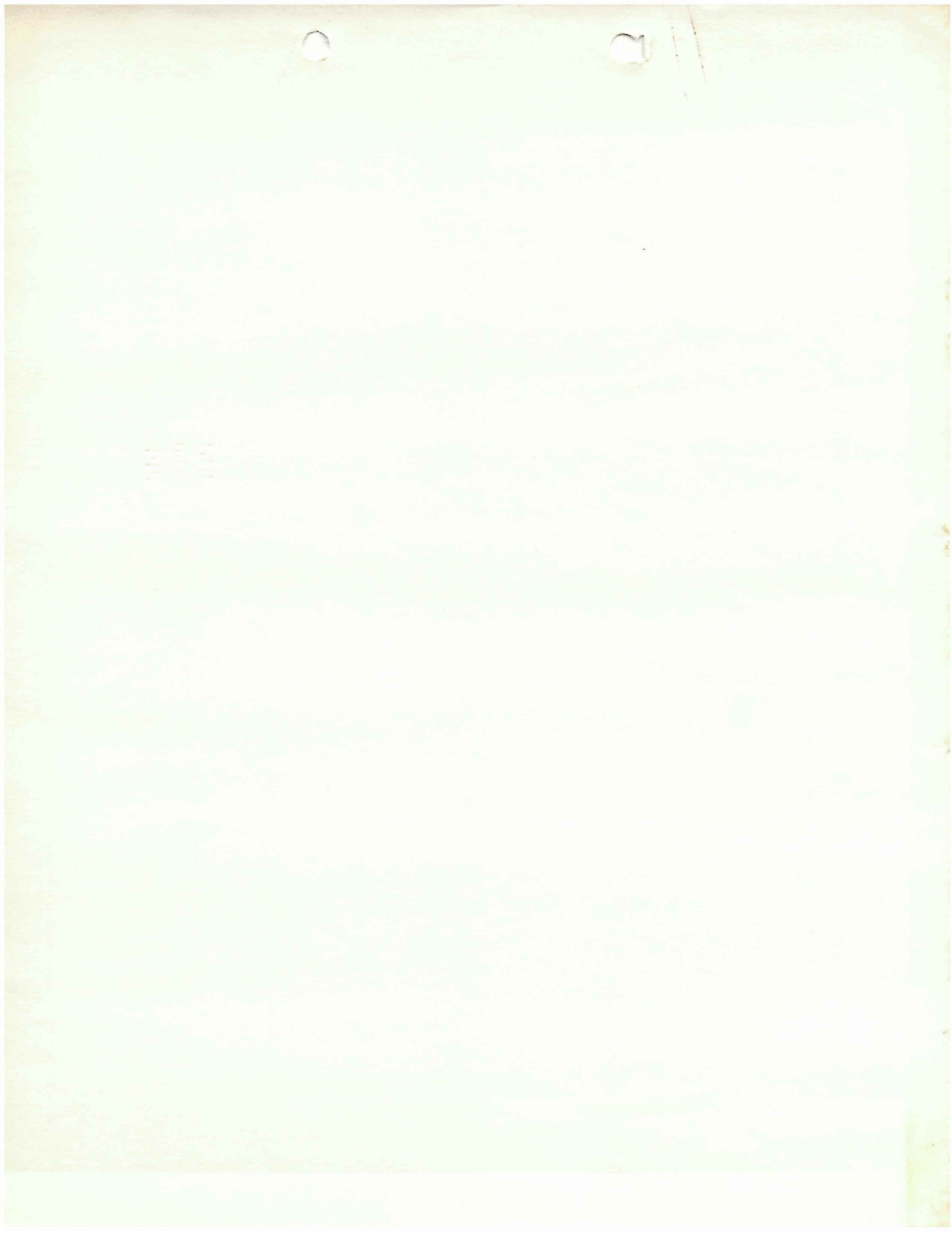
STARTUP BY BEN McLEAN

OPERATOR'S MANUAL NO. 2 OF 2

DATE 3-12-79

SPECIFICATIONS C-225
Central Steel Drum

CAPACITY	225 cu ft or 600 lb/hr barrel waste
APPROXIMATE WEIGHT	30,000 lbs less automatic ash remover and loader.
LOWER CHAMBER	1/4" thick H.R. steel lined with 2" mineral wool insulation and 5" high strength 2400°F cast refractory.
ASH REMOVAL DOOR	30" x 48" with 16" x 16" inspection door, both refractory lined and insulated with asbestos gaskets at sealing surfaces.
UPPER CHAMBER	10 gauge H.R. steel lined with 1-1/2" mineral wool insulation and 4-1/2" insulating 2800°F refractory.
STACK	Three 4' sections 37" O.D. lined with 3" min. insulating refractory. Two 4" NPT test ports 90° apart.
SPARK ARRESTOR	#2 mesh. Free area equals four times breeching area.
BURNERS (STD.)	Manufactured by Eclipse.
1. Upper Chamber	One special WC-7: 1.0 million Btu/hr with forced air.
2. Lower Chamber	Two special WC-6: 500,000 Btu/hr each with forced air.
ELECTRICAL SERVICE REQUIRED	See hookup and power requirement drawing.
GAS SERVICE REQUIRED AT BURNER	6" W.C., natural; 11" W.C. L.P. during burner operation. 1-1/2" service connection.
CONTROL CABINET	Weatherproof NEMA boxes. Wiring meets NEMA requirements.
CONTROLS - SEMI-AUTOMATIC	
1. Burner Flame Safety	Honeywell #7008A1018 flame rod sensors.



12

13

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER																													
			S <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																													
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS																														
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23	24 - 29																															

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)														
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)														
<input checked="" type="checkbox"/> 2. NEW FACILITY (Complete item below.)														
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN														
YR. MO. DAY														
73 74 75 76 77 78														
B. REVISED APPLICATION (place an "X" below and complete Item I above)														
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS														
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT														

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																													
C <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																													
1 2 - 13 14 15																													
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY				
		1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)								1. AMOUNT					2. UNIT OF MEASURE (enter code)									
16 - 18 19 - 27 28 29 - 32																													
X-1	S 0 2	600					G					5																	
X-2	T 0 3	20					E					6																	
1		NA										7																	
2												8																	
3												9																	
4												10																	
16 - 18 19 - 27 28 29 - 32																													

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

[illegible]

NA

[illegible]

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility (*see instructions for more detail*).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)

65	66	67	68	69	- 71

LONGITUDE (degrees, minutes, & seconds)

72	-			74	75	76					77	-		79

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER2. PHONE NO. (area code & no.)

<div style="display: flex; justify-content: space-between;"> C E 15 16 </div>															<div style="display: flex; justify-content: space-between;"> 55 56 - 58 59 - 61 62 - 65 </div>																													
3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE									
<div style="display: flex; justify-content: space-between;"> C F 17 18 </div>															<div style="display: flex; justify-content: space-between;"> C G 19 20 </div>																													
17 18 - 45 15 16															40 41 42 - 47 - 51																													

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
x GLE Gerald Greenberg	x Gerald Greenberg	12/16/83

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
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V. FACILITY DRAWING (see page 4)

ATTACHED

